POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	9/10/01
FORMALITY REVIEW	H-S	866	10.15-01
RESPONSE FORMALITY REVIEW	MD	JCRN	02/25/02

INDEX OF CLAIMS

✓ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
— (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

BEST AVAILABLE COPY

Claim	3	4	8	1	Date							
Final / Original	03	03	03	01								
1 / 1	✓	✓	=	✓								
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28 / 28		=	✓									
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29 / 35		=	✓									
30 / 36		▽	▽									
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37 / 43												
38 / 44		▽	▽	▽								
39 / 45		✓	=	✓								
/ (46)												
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/ 50	✓											

Claim	3		Date									
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If more than 150 claims or 10 actions
staple additional sheet here

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